

Maryland Health Benefits Exchange Board
Navigator and Enrollment Advisory Committee

September 26, 2011

UMBC Tech Center

2:00 – 5:00 p.m.

Meeting Notes

The materials presented in the meeting are listed on the Maryland Health Benefit Exchange, Navigator and Enrollment Advisory Committee webpage at:

<http://dhmh.maryland.gov/healthreform/exchange/AdvComm/mtg-nav-enroll.html>

Members Present:

Co-Chairs:

Leigh Cobb, *Advocates for Children and Youth*

Toby Gordon, *Johns Hopkins University, Carey Business School*

Committee Members:

Jennifer Goldberg – Maryland Legal Aid –
Exchange Board Liaison

Mary Lou Fox – *Maryland Women’s
Coalition for Health Care Reform*

Nancy Bond – *The Coordinating Center for
Home and Community Care, Inc.*

Thomas Grote – *Aetna*

Stephanie Cohen – *Golden and Cohen, LLC*

Yngvild Olsen – *Baltimore Substance Abuse
System, Inc.*

Christopher Culotta – *CareFirst BlueCross
BlueShield*

Richard Reeves – *United Healthcare*

Michael Cumberland – *Keller Stonebraker
Insurance*

Alma Roberts – *Baltimore Healthy Start,
Inc.*

Cynthia Demarest – *Maryland Physicians
Care*

Jan Ruff – *MAXIMUS Health Services*

Deborah Trautman – *Johns Hopkins
Medicine*

Jay Duke – *Waring-Ahearn Insurance
Agency, Inc.*

Cassandra Umoh – *Self-Employed
Consultant*

Floyd Hartley – *Advocate* (via conference
call)

Ellen Weber – *University of Maryland
School of Law*

Presenters:

Sharon Woda, *Manatt Health Solutions*

Melinda Dutton, *Manatt Health Solutions*

Introduction and Overview of Demographics of Target Populations:

The meeting was called to order by the Co-Chairs, who welcomed the Advisory Committee (Committee) members. The Committee reviewed the meeting notes, recommending a change with respect to critical goals – emphasizing one of the critical goals of the program is tracking the outcomes of the navigator function and the efficacy of the navigator relative to the tax credit program. With the proposed change, the committee approved the September 7th meeting notes.

Ms. Woda began Manatt’s presentation by noting the project purpose – developing recommendations for the design and operation of Maryland’s Navigator Program. She noted the goal of the meeting would be to (1) provide an overview of work done to date with an update of the plan going forward, (2) share and discuss demographic information of the target populations (to include the uninsured), (3) provide an update on the detailed outreach plan, solicit input on the discussion guides and public comment document. She provided an overview of current health coverage in Maryland, noting published estimates which anticipate roughly 405,000 are anticipated to enroll in the Maryland Health Benefit Exchange (Exchange). This study, conducted by the Urban Institute¹, noted roughly 40 percent (or 161,000) of new Exchange enrollees will have income levels beyond 400 percent of the federal poverty level (FPL). Ms. Woda noted roughly 209,000 would be newly eligible for Medicaid coverage. Overall, the uninsurance rate is projected to drop from 15 percent to 7 percent resulting from the coverage expansions.

Ms. Woda noted that state level estimates for the Small Business Health Options (SHOP) Exchange are not yet available. The Urban Institute has estimated 20.7 million individuals nationally will attain health insurance coverage through the SHOP Exchange. She went over the demographics of the uninsured – noting they are likely to be lower income, more diverse, and aged 19 to 24 years. Ms. Woda emphasized estimates that 46 percent of the uninsured have a high school education or less – translating to roughly 54 percent of the uninsured having more

¹ Buettgens, M., Holahan, J., and Carroll C. (March 2011). *Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid*. Retrieved from <http://www.rwjf.org/files/research/71952.pdf>

education (*some college, bachelor's degree, or higher*). Concern was raised about having enough providers to fulfill increased demand, although it was noted that this was a topic beyond the scope of the Committee.

Presentation on Key Informant Plan:

Ms. Dutton presented the key informant plan as a four-prong strategy encompassing the advisory committee, key informant interviews, public comments, and facilitated small group discussions. Beginning with the Committee, she emphasized it as a forum of feedback to inform ongoing deliberations. The second component, facilitated small group discussions, was emphasized as involving specific stakeholder groups. She noted that Manatt would be engaging them to assess their priorities, which will inform the Committee and final report. The third component, public comments, is viewed as a high-level, open-ended invitation to allow outside stakeholders to put into stakeholder feedback process. The last component, key informant interviews, will consist of technical discussions with entities such as the Maryland Insurance Administration (MIA), Maryland Department of Human Resources (DHR), and the Maryland Department of Health and Mental Hygiene (DHMH).²

Review Document Asking for Public Comment:

Ms. Dutton went over the "Request for Public Comment document."³ She noted that all written comments must be received by Friday, October 7, 2011 at 5:00 p.m. Ms. Dutton noted that the open-ended format of the document will allow for assessing the required skills sets and functions of the navigators. Responding to a comment about creating a mechanism to allow more accessibility to the public who may be less informed on the topic, Ms. Dutton noted that resources and the accelerated timeline would not allow a comprehensive survey to assess the health insurance habits of the public. She noted that while there is robust consumer group participation, it is not the same as attaining an assessment directly from consumers. Ms. Dutton emphasized the need to brainstorm with the committee co-chairs to enhance the consumer perspective.

Review of Discussion Guides:

Consumers

Ms. Dutton emphasized the robust participation by community-based organizations. She noted out of the 18 invited organizations, 12 had indicated that they would participate as of the date of the meeting. The goals for this discussion group encompass (1) identifying existing community-based consumer assistance resources, (2) understanding challenges in reaching out to target populations, and (3) obtaining input on how the design of the Navigator program can best protect consumers. Ms. Dutton noted that there is a lot of interest and hope this component will supplement most of the feedback mechanisms. Committee members suggested the advocacy

² To include Medicaid, Office of Minority Health and Health Disparities, and Developmental Disability Administration.

³ <http://dhmh.maryland.gov/healthreform/exchange/pdf/MD-HBE-Navigator-Public-Comment-Final.pdf>

group aimed at uninsured young professionals, *Young Invincibles*, that works closely with the University of Maryland, to facilitate discussion for that segment of the uninsured population. When asked about forecasting if employers in large or small group markets would send their employees to the Exchange, Ms. Dutton noted it would be based on gross national data, due to the lack of Maryland-specific analysis. Committee members emphasized the need for better representation of brokers and insurance agents for the small group market, as well as any input from carriers. Committee members made note of the Entrepreneur Center at the University of Maryland, Baltimore County (UMBC) to gain insight on factors employers weigh when insuring employees. Committee members suggested establishing phone interviews as well because small business employers may not have the time or flexibility for a face-to-face interview.

Brokers/Agents

Ms. Dutton noted the goals of the broker/agent discussion group is to (1) examine and comprehend the commercial insurance distribution system in Maryland, (2) consider ways to minimize disruption of the existing broker system, and (3) identify private system resources that can be leveraged. She noted this group is well-represented. Committee members suggested articulating the broker/agent function because some specialize in health insurance. In addition, they discussed the difficulty, from a compensation perspective, involving consumer assistance vs. consumer advocates. This points to the differing philosophies between private brokers/agents and public (Medicaid) enrollment specialists. In addition, Committee members noted within the public sector the differing functions of Medicaid enrollment specialists and the role of consumer advocacy.

Medicaid Plans

Ms. Dutton noted the goals of this discussion group would be to (1) obtain insight on outreach and enrollment to target populations and (2) examine and comprehend training and licensing requirements. She emphasized the differences in the populations served by Medicaid and commercial insurance. Ms. Dutton noted their role would be to assess how the organization works on the issues of enrollment. Committee members discussed the method in which brokers and agents get compensated in the commercial insurance realm, and the complexities of being compensated when performing Medicaid-specific enrollments. Committee members recommended that local health departments be added into this discussion group.

Commercial Plans

Ms. Dutton noted the goals of this discussion group would be to (1) examine and comprehend training and licensing requirements in the commercial market and (2) obtain input on potential impact of the Navigator program on the current enrollment market. Committee members discussed how a primary goal of the discussion guides is to clarify and encourage data-sharing – such as assessing the size of brokers, number of enrollees, and various health plans offered. Committee members discussed the threshold of the navigator's role – that is, assisting

individuals who are experiencing enrollment barriers, while benefit concerns are still addressed by their insurance carrier upon enrollment. Committee members discussed how accountability mechanisms and clearly defined responsibilities are essential to the Navigator program.

Providers

Ms. Dutton noted the goals of this discussion group would be to (1) identify ways in which providers conduct outreach and education to consumers and (2) examine best practices for communicating with vulnerable populations. She noted that 13 to 14 provider groups are participating in this group. Committee members expressed interest in knowing how these entities are funded.

Small Business

Ms. Dutton noted the goals of this discussion group would be to (1) obtain input on how small business works with brokers and (2) identify possible compensation methods for Navigators. As mentioned previously, Committee members noted that one-on-one calls would be best given many small businesses owners do not have the ability to take the time to participate in sit-down interviews. Committee members raised concerns on the compensation of Navigators; specifically if there should be an enrollment-based formula or grants for general outreach and target population education. There was discussion on the various technologies that would facilitate the enrollment process, and how it would tie into compensation.

Next Steps:

Ms. Woda outlined the priorities and next steps, to include initiating interviews pertaining to the discussion groups and Maryland target population programs, as well as the public comment process. She noted the largest challenge is the small business component – due to the lack of state-specific data. This data gap hinders the ability to assess how the Navigator program will affect carriers.

The Executive Director of the Maryland Health Benefit Exchange, Rebecca Pearce, provided some initial thoughts on the advisory committee process and commended the work completed to date. She noted the importance of stakeholder feedback to inform the advisory committee reports and vendor studies. Ms. Pearce made note of the data collection difficulties being experienced by study vendors. She emphasized the integration of stakeholder comments and options development into the final report. Ms Pearce noted all vendors had been chosen and are going over their work plans. She emphasized the work of the advisory committees will be consolidated and coordinated.

Public Comments:

Ellen Valentino, representing NFIB, expressed concern how the accelerated timeline may not allow for substantive public comments. Ms. Pearce expressed confidence in the public comment

component of the advisory committee meetings, as well as written submittals. In response to a clarifying question on the transparency of public comments, there was discussion on the possibility of having public comments made available online for review. Ms. Pearce closed with emphasizing how Maryland remains one of the leaders in the Exchange planning process.

Mr. Hartley noted the importance of ensuring that navigators receive the appropriate training to work with the wide range of vulnerable target populations, particularly individuals with disabilities. Mr. Hartley suggested that the Image Center and the Centers for Independent Living would be good points of contact to perform outreach and education. Ms. Weber concurred (especially with IT-related issues) and emphasized expanding the notion of navigators being culturally linguistic, to include individuals with physical and cognitive disabilities.

There was discussion pertaining to the meeting agenda for the October 12th meeting, to which Ms. Woda noted how the meeting would begin the process of Manatt reporting out information – providing a summary of information collected to date. Committee co-chairs noted that Weber Shandwick, the vendor that will conduct the “Public Relations and Advertising” study, will present their work plan at the October 12th meeting.

The Committee Co-Chairs adjourned the meeting, noting the next meeting on October 12, 2011 at the Maryland Health Care Commission (MHCC) from 3:00 – 5:00 p.m.